Copy pot in file

WDAF- TV RECORD OF INQUIRY FOR BROADCAST TIME BY OFFICE OR ON BEHALF OF CANDIDATE FOR PUBLIC OFFICE

<u>INSTRUCTIONS</u>: This form **must** be completed by <u>WDAF-TV personnel</u> as to **all** requests, both oral and written, for broadcast time to be used by or on behalf of a candidate for public office, **whether or not** the inquiry results in an order being placed. Each completed form must be placed in the Station Public File <u>immediately</u> after it is completed and must be retained in the File for a period of two years.

(1)	Date and time of request: 1/2/17
(2)	Name of person making the request: Brian Dumas
(3)	Agency (if any): Victory Enterprises Address of agency: 5200 30th St 5W
(4)	
	Davenport, 1A 52802
(5)	Telephone number of agency:
(6)	Name of candidate: Shane Scheller
(7)	If sponsor is a Committee, name of Committee:
	Schoeller for Missouri Address of Committee: P.O. Box 746
(8)	Address of Committee: P.O. Box 746
	Willard, MO 65781
	Email Address:
(9)	Telephone number of Committee: 417-893-0008
(10)	Committee officers:Chairman/Manager
	· · · · · · · · · · · · · · · · · · ·
	Vice Chairman
	Paul Curtman Treasurer
/44\	Is if the candidate's authorized Committee?
(11) (12)	- w LD L - E condidato: Panihir cara
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(13)	Office for which candidate is running: Missour Secretary of State	
(14)	(check one)	
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	Federal Office State Office Local Office	
(15)	Election for which candidate is campaigning:	
(16)	Date of election: 8/7/12 Primary: General:	
(17)	Programs or times requested: Foll set of avails	
(18)	Dates requested: 79-87/17	
(19)	Length of spot / program time requested:	
(20)	Request made: In writing Orally (Check one: If in writing, attach and retain)	
(21)	Station offer: <u>Sout rate and</u>	
(22)	Disposition of request: Granted Not Granted (Check one. If not granted, state reason or reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available)	
	1	
(23)		
	Yes No (Attach any written documentation received)	
(24)	Political Disclosure Form submitted to requestor: Date	
Comm	ents (if any)	
	6 00	
-	7/2/12 WOAF Station Signature of Person receiving request on behalf of station	
COPY TO: STATION PUBLIC FILE		